

Provider Communication

Subject: Asmanex and Forteo Billing Procedures	Priority: High
Date: August 22, 2005	Message ID: ACSBNR08222005_1

Dear Provider:

Asmanex Twisthaler- Appropriate Billing Procedures

- Asmanex Twisthaler requires prior approval for Georgia Medicaid.
- Each unit of an Asmanex Twisthaler contains only one inhaler.
- Each Twisthaler unit is comprised of 30, 60 or 120 metered doses.
- The Quantity Level Limits for Asmanex Twisthaler are as follows:
- Asmanex Twisthaler# 14- (1) inhaler per (34) days
- Asmanex Twisthaler # 30,60,120-(2) inhalers per (34) days
- When billing Asmanex, each inhaler should be submitted with a quantity of (0.24) regardless of the number of metered doses.

State Health Benefit Plan – Non-Preferred Claims Submission

Please know that submission of a state health benefit plan pharmacy claim for a non-preferred medication with a “usual and customary” cost greater than \$100.00 yields a required co-payment of \$100.00.

If the “usual and customary” cost submitted is below \$100.00, the co-payment requirement will be the submitted amount.

Non-Preferred Medication Required Cop-Payment (Example)

Submitted U&C \$200.00 Co-pay: \$100.00
Submitted U&C \$82.50 Co-pay: \$82.50

Proper Submission of Forteo for Dual- Eligible Females- Billing Tips

- Forteo requires prior approval from Express Scripts at 1-877-650-9340
- Submission of a claim for Forteo to ESI will result in a reject at the Point of Sale indicating, “bill to Medicare”.
- Medicare will reimburse for Forteo as a cross-over claim payment on your ACS RA if the drug is being administered in conjunction with an approved home health care visit.

- Medicaid payment of Forteo for self-administration requires the correct completion and submission of a (DMA-415) Pharmacy COB Notification Form.
- The (DMA-415) is available on the GHP web portal at **www.ghp.georgia.gov**, click onto Providers, then Documents and Forms. This form should be completed, attached to a Universal Claim form and submitted to Express Scripts at the following address:
- GME Paper Claims- Express Scripts

Attention: Pharmacy Claims Rte # GME-01

P.O.Box 390863

Bloomington, MN 55439-0863

Medicaid NTI Drug Update: Dilantin and Tegretol Brand Necessary Claims

Effective 8/1/2005, claims for brand Dilantin and brand Tegretol are now reimbursable without prior approval if the pre-scriber indicates "brand necessary" on the face of the prescription in his/her own handwriting. These claims should be submitted with "Daw 1" code.

Preferred Drug List Update- Non-Sedating Antihistamines Clarinx Syrup and Clarinx D Status Change

Effective 08/01/05 Clarinx syrup and Clarinx- d became preferred Medicaid/PeachCare for Kids members

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the medicaid pharmacy unit at 404-656-4044 should you have questions or require clarification.

Sincerely,

Georgia Department of Community Health
Division of Medical Assistance